



# TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office  
300 Cedar St., Pekin, IL 61554

## Time Sheet

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Day	Date	Start Time	Length of Lunch Period	End Time	Total Daily Hours
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Weekly Hours: \_\_\_\_\_

**\*Return to Administrative Office every Friday or end of work week.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Program Coordinator Signature

\_\_\_\_\_  
Date

**Director/Program Coordinator to Complete:**

Hourly/Daily Rate per Agreement: \$ \_\_\_\_\_

Notes:

Date Paid \_\_\_\_\_

\_\_\_\_\_  
Fund      Function      Object      Subject      Fund Source

Amount \$ \_\_\_\_\_